

CONTRACT TO PERFORM REHABILITATION/REPAIR WORK**I. GENERAL**

A. PARTIES. THIS **Contract**, entered into this ____ day of _____, 20____, by and between _____ (hereinafter referred to as the "**Contractor**") and _____ (hereinafter referred to as the "**Agency**"), the sole parties to this contract for rehabilitation of the following property:

B. PROJECT ADDRESS:

Milwaukee, Wisconsin 532

The **Owner** of said property, _____ (hereinafter referred to as the "**Owner**") has agreed to accept the services provided by the Neighborhood Improvement Project.

C. CONTRACTOR REPRESENTATION. The **Contractor** has submitted a bid in writing to the **Agency** and represents self as being competent, skilled, trained, experienced and qualified to undertake and perform those certain services, as set forth in all of the contract documents, as are required in accomplishing fulfillment of the obligations under the terms and conditions of this **Contract** as an independent entrepreneur.

D. CONSIDERATION AND RETENTION. The **Agency** hereby agrees to engage the **Contractor** and the **Contractor** hereby agrees in consideration of the payments hereinafter to personally perform, as an independent contractor, the services set forth, all in accordance with the terms and conditions of this contract. **Contractor** agrees time is of the essence and will meet all deadlines and any schedules set forth.

E. REQUIREMENTS. The **Contractor** is required to:

1. Do, perform, and carry out in a satisfactory, timely, and proper manner, the services delineated in this contract.
2. Complete all work as listed on the Department of Neighborhood Services Neighborhood Improvement Project (NIP) Scope of Work (hereinafter referred to as the "**Scope**").
3. All materials and labor supplied as part of this **Contract** shall comply with the City of Milwaukee, Community Development Grants Administration's Technical Specification and Performance Standard, February 2006 (hereinafter referred to as the "**Specifications**").
4. Comply with all requirements listed with respect to notification of inspection agencies such as the Milwaukee Health Department-Childhood Lead Poisoning Prevention Program (MHD-CLPPP) and the Department of Neighborhood Services (DNS). **Contractor** shall report on intention to begin work involving removal, demolition, or in any way disturbance of painted surfaces. Additionally, the **Contractor** shall report progress of the services, requests for additional approvals, and other matters relating to the performance of the services to the **Agency** and the Department of Neighborhood Services – Housing Rehabilitation Inspector (hereinafter referred to the "**Inspector**").
5. Comply with all state and local building codes, applicable laws and ordinances.
6. Obtain all required permits including but not limited to, lead abatement permit, construction, electrical, plumbing, and raze permits as outlined in the state and local building codes.
7. Comply with time schedules and payment terms as stated herein.

II. LOAN PROGRAM

A. LENDER. The financing for work under this contract has been provided to the **Agency** by the United States Department of Housing and Urban Development (HUD) through the City of Milwaukee, Community Development Grants Administration, (hereinafter called the "**Lender**"), who by virtue of its contractual agreement with the **Agency** reserves certain rights and privileges as escrow agent which include but are not limited to:

1. Consultation as to approval or rejection of proposed changes to the contract.
2. Inspection and recommendation as to approval or rejection of work.
3. Collection of Waivers of Lien for all labor and material provided by all **Contractors**, **Subcontractors** and material suppliers.

NOTE: The Lender and the Owner are not a party to this Contract.

B. LOAN. Work under this contract shall be done under the authority and regulations of the following indicated repair or rehabilitation program. If it is determined that the property **Owner** and or the **Owner's** tenant is ineligible to receive benefits under the program guidelines, this **Contract** is null and void.

☐

NEIGHBORHOOD IMPROVEMENT PROJECT (NIP)

☐

ACQUIRE – REABILITATE - SELL PROGRAM

☐

OTHER: _____

III. NOTICE TO PROCEED

The **Contractor** shall receive a Notice to Proceed within a reasonable time period after the execution of the contract. Under no circumstances shall the **Contractor** order material(s) or provide contract services until receiving a written Notice to Proceed from the **Agency**. If Notice to Proceed is not received within sixty (60) days of the **Contractor's** signing of this contract, the **Contractor** may terminate the contract.

IV. INCORPORATION OF DOCUMENTS

The following documents are hereby incorporated into this contract by reference. If there is a conflict between any of these documents, the document first listed below shall take precedence:

A. This contract

B. Bid Documents

1. General Conditions

2. **Scope** – provided by DNS

3. The **Specifications** - City of Milwaukee, Community Development Grants Administration's Technical Specification and Performance Standard, February 2006.

4. Drawings (if any)

V. CHANGES

No modification of this contract nor changes in the **Scope**, **Specifications**, or other requirements shall be made except upon prior written approval by the **Agency**, **Contractor**, **Inspector** and the **Lender**. Any change(s) not approved in writing prior to commencement of the change(s) will not be eligible for payment from the **Lender**.

Exception: When conditions occur that warrant immediate repair, the **Inspector** shall be notified. If deemed appropriate, the **Inspector** may give verbal authorization to modify the **Scope**. Any such changes shall be documented in writing by the **Inspector**, as soon as administratively possible.

VI. PAYMENTS TO CONTRACTOR

A. PAYMENT SCHEDULE: The following schedule of payments will apply to work completed for this project:

Bid Amount

Payments

\$0-\$7,499

1 Interim, 1 Final, 1 Retainage*

\$7,500-\$19,999

2 Interim, 1 Final, 1 Retainage*

\$20,000-\$33,499

3 Interim, 1 Final, 1 Retainage*

\$33,500-Up

4 Interim, 1 Final, 1 Retainage*

RETAINAGE: 15% of the requested amount will be withheld for a period not to exceed sixty (60) days after satisfactory contract completion.

B. MODIFICATIONS/WAIVER: Payments to the **Contractor** shall be consistent with the above Schedule of Payments except as modified below:

Progress payments are limited to 85% of work completed and approved by the **Inspector**. Payment will be made at the **Agency's** office, located at _____ Milwaukee, Wisconsin. To receive payment, **Contractor** must provide the **Agency** with a properly prepared invoice specifying work items completed, date completed, and signed by the **Contractor**. Prior to receipt of payment, the **Contractor** must provide any required building permits, lead clearance results, and waivers of lien for labor and materials from all **Subcontractors** and material suppliers having supplied labor and/or material for which payment is being received. Final payment will be made within sixty (60) days after **Inspector's** acceptance of all the work performed under this contract, including passing lead dust clearance report, providing all contract terms have been fulfilled.

VII. INSURANCE/LIABILITY

The **Contractor** shall carry liability insurance of not less than that amount required by the Contractor Licensing Division of the Clerk's Office of the City of Milwaukee. The **Contractor** shall demonstrate to the **Agency** that the liability insurance is, and will be, in force during the term of the contract and the one (1) year warranty period. The **Contractor** shall provide the **Agency** with a Certificate of Insurance from their insurance carrier prior to ordering material(s) or providing any services under this contract.

VIII. SITE SECURITY

Where the property being rehabilitated is occupied, the property **Owner** is responsible to insure the building is maintained in a secured state. The replacement of all material lost due to theft or vandalism is then the responsibility of the property **Owner**, unless the **Owner** or his representative is not physically on the property when the **Contractor** leaves. In such event, the **Contractor** shall take action to secure the property from unauthorized access, and shall be responsible for materials and equipment left unsecured.

Where the property being rehabilitated is vacant, the **Contractor** shall leave the building in a secured state. The replacement of material furnished as part of this contract, which is lost due to theft or vandalism, is the responsibility of the **Contractor**, until the **Agency** and **Contractor** agree the property is considered ready for occupancy and an occupancy permit is issued, if required.

Contractor agrees to keep the premises clean and orderly during the course of the work and remove all debris after completion, and be responsible for patching surfaces opened as a result of this work.

IX. DELAYS IN WORK

If the **Contractor** is delayed at any time in the progress of the work by any act, authorization, or neglect of the **Owner** or of the **Agency**, or by any employee of either, or by any other **Contractor** employed by the **Agency**, or by changes ordered in the work, or by bona fide labor disputes, fire, unusual and unforeseeable delays in materials transportation, or by causes beyond the **Contractor's** control which reasonably justifies the delay, then the time for substantial completion of the work may be extended as determined by the **Agency** in consultation with the **Contractor** for such reasonable time as may be necessary to avoid the monetary penalty described in Article X. Such requests or claims for extension shall be submitted in writing to the **Agency** with a copy to the **Contractor** prior to the changing the completion date.

X. LIQUIDATED DAMAGES

The **Contractor** is to substantially complete all work within the time provided in Article XXVII or will be liable for liquidated damages assessed against the contract. Liquidated damages shall be assessed only upon the presentation, by the **Agency** of documented loss of income or additional expenses and only when the work remains incomplete beyond the agreed upon completion date. Such sum may not exceed 15% of the total contract amount and will, if assessed by the **Agency**, be subtracted from the final payment to the **Contractor**.

XI. INDUSTRY STANDARDS

The **Specifications** prepared for the work covered in this contract have been developed to provide a completed project. If a dispute shall arise whether work is done in accordance with the **Specifications**, the **Inspector**, in consultation with the **Agency**, shall first assess the matter against this **Contract**, then the **Scope** and **Specifications**. If these documents do not provide a resolution, the Construction Industry Quality Standards as compiled and provided by the Metropolitan Builders Association of Greater Milwaukee, Inc. shall be referred to for resolution.

XII. DISPUTE RESOLUTION/ARBITRATION

The **Agency** and **Contractor** shall make good faith efforts to resolve their differences informally. If unsuccessful, all claims or disputes arising out of this **Contract** shall be decided by, in accordance with, the Construction Industry Arbitration Rules of the American Arbitration Association unless the parties hereto mutually agree otherwise. Notice of the demand for arbitration shall be filed in writing with the other party to the **Contract** and with the American Arbitration Association and shall be made within a reasonable time after the dispute has arisen. The **Agency** shall immediately notify the **Lender**, and both shall proceed in accordance with this **Contract**.

XIII. USE OF UTILITIES

The **Owner** will permit the **Contractor** to use, at no cost, existing utilities to carry out the work and to cooperate with the **Contractor** to facilitate the performance of the work.

XIV. CANCELLATION OF CONTRACT FOR CAUSE

A. BY CONTRACTOR. The **Contractor** shall have the right to stop work or terminate this agreement and receive from the **Agency** payment for all completed, inspected and approved work as provided in B. 4. (below), if the work is stopped by order of the **Agency**, any court or other public authority, or if the **Agency** fails to authorize payments as herein agreed.

B. BY AGENCY. The **Agency** shall have the right to cancel this contract for cause if any of the following conditions apply:

1. If the work is stopped by the **Contractor** without order of the **Agency**, any court or other public authority, or if both parties are unable to successfully negotiate a settlement of a dispute.
2. The **Contractor** has not started work within the time specified in Article XXVII.
3. The **Contractor** has not completed the work under contract within the time agreed to in Article XXVII and has subsequently received:
 - a. Written notice to finish the work within a reasonable time; and
 - b. A second written notice (mailed after the time to complete the work has passed as specified in a) declaring the **Agency's** intent to cancel the contract if the work is not satisfactorily completed within 10 working days.
4. The **Contractor** is not performing the work in accordance with this **Contract**. In such cases, the **Agency** will make every effort to obtain three (3) bids for the remainder of the incomplete work and contract for same in consultation with **Inspector**. When all work left incomplete by the **Contractor** has been completed by the replacement contractor, inspected and approved, the defaulting **Contractor** will receive the amount of any remaining unpaid contract balance, and any materials ordered and non-returnable, less any penalties assessed, less the replacement contractor's contract amount.

XV. WARRANTY

Work performed under this Contract shall be guaranteed for a period of one (1) year from the date of acceptance of all work by the **Agency** and the **Inspector**. The **Contractor** shall also furnish the **Owner**, in care of the **Agency**, all manufacturers' and suppliers' written guarantees and warranties covering materials and equipment furnished under this contract.

XVI. PERMITS, LICENSES, SUBCONTRACTORS

The **Contractor** shall:

- A. Obtain and pay for all permits and licenses required to complete this contract. No work shall commence until proper licenses and permits have been secured. These permits and licenses must be kept current and in force during the term of the contract and warranty period.

- B. List, by separate written attachment, **Subcontractors** and material suppliers to be used on this project. Changes to the attachment must be accepted in writing by the **Agency**. All **Subcontractors** must obtain any required licenses and permits. All Sub-contractors shall submit proof of insurance to the **Agency**.
- C. Ensure that the **Contractor** and any **Subcontractor(s)** do not use lead-based paint in or on the property.

XVII. NO COLLUSIVE ARRANGEMENTS

The **Contractor** certifies that all statements in its bid are true and that its bid is genuine and not collusive or sham, and that the **Contractor** has not colluded, conspired, connived or agreed directly or indirectly with any other bidder or other person to put in a sham bid or to refrain from bidding. The **Contractor** further agrees that (he/she) has not in any manner, directly or indirectly, sought by agreement or collusion with any bidder or other person to fix its bid price or that of any other bidder or to fix any overhead or profit, or that of any other person, or to secure advantage against the **Agency** or against any person interested in this proposed contract. **Contractor** further certifies that there have been no fraudulent or deceitful arrangements between the **Contractor** and **Subcontractors**, between **Contractor** and **Owner**, and **Contractor** and **Agency** or **Agency's** representative.

XVIII. HOLD HARMLESS

The **Contractor** agrees to indemnify and hold harmless the **Owner** of the property, the United States Government, the City of Milwaukee and its agents, for any costs, claims, or purported claims or damages arising out of, or incident to, the work which may have been caused, or claimed to have been caused, out of any wrongful act, including but not limited to negligence or omission of the **Contractor**, its agents or employees.

The **Agency** agrees to indemnify and hold harmless the United States Government, the City of Milwaukee and its agents, for any costs, claims, or purported claims or damages arising out of, or incident to, the work being done under this contract.

XIX. COMPLIANCE WITH LAWS

- A. **FEDERAL, STATE, LOCAL LAWS, REGULATIONS.** The **Agency** and **Contractor** agree that all of the conditions required hereunder shall be rendered, and all determinations made, and all recommendations extended, strictly in accordance with, and taking into consideration, all applicable federal, state and local rules, regulations, laws, ordinances and codes including HUD regulations and NIP program policies and requirements.
- B. **CIVIL RIGHTS ACT.** The **Agency** and **Contractor** agree to comply with all requirements with respect to Title VI of the Civil Rights Act of 1964, which relates to nondiscrimination and abides by the provision of Executive order 11246 concerning equal employment opportunity.
- C. **LEAD-BASE PAINT.** The **Agency** and **Contractor** agree not to use lead-based paint in or on the structure(s) being or improved under this contract and to comply with the elimination of lead-based paint hazards in accordance with the HUD Lead-Base Paint Regulations, 24 C.F.R. Part 35.

XX. WRITTEN NOTICES

All written notices, demands, requests, instructions, approvals, proposals, and claims of either party shall be addressed as follows:

Agency	Contractor	Lender
Phone: Contact Person:	Phone: Contact Person:	City of Milwaukee Community Development Grants Administration City Hall, Room 606 200 E. Wells Street Milwaukee, Wisconsin 53202 Phone: 286-3647

XXI. NON-INTEREST

No public official, employee, board member, or commission member of the City of Milwaukee or the **Agency** shall have any interest, direct or indirect, in this contract or receive any premium, commission, fee, or other thing of value, in connection with this contract.

XXII. SPECIAL CONDITIONS, INCLUSIONS/EXCLUSIONS

Contractor shall provide a copy of the Owner Selection Sheet signed by the **Owner**, including product information, product specifications, color selections, etc. to **Agency**, prior to contract acceptance. New products as outlined in the **Scope** may include roofing, siding, paint, windows, furnaces, water heaters, plumbing fixtures, electrical fixtures, cabinets, countertops, flooring coverings, etc.

XXIII. SEVERABILITY OF PROVISIONS

It is agreed that in the event any of the terms and provisions contained herein shall be declared to be invalid or unenforceable by a court of competent jurisdiction, the remaining provisions and conditions of this contract or the application of such to persons or circumstances other than those to which it is declared invalid or unenforceable shall not be affected thereby, and shall remain in full force and effect and shall be valid and enforceable to the fullest extent permitted by law.

XXIV. CAPTIONS

The captions in this contract are inserted only as matters of convenience and for reference and in no way define nor limit the scope or intent of the various provisions, terms or conditions hereof.

XXV. ENFORCEMENT OF CONTRACT

The laws of the State of Wisconsin shall govern the validity, performance and enforcement of this contract.

XXVI. ENTIRE CONTRACT/BINDING EFFECT

This writing constitutes the entire contract between the parties hereto and may not be amended or altered in any matter except in writing signed by both parties. This contract expresses all agreements between the parties concerning the subject matter hereof and supersedes all previous understanding thereto, whether oral or written, and shall be binding upon and shall insure to the benefit of the parties hereto, and their respective successors. This contract cannot be assigned without the prior written consent of the other party.

XXVII. START AND COMPLETION OF WORK

Contractor agrees to commence work on the property within 15 days after **Contractor's** receipt of a Notice to Proceed. Said work shall be completed in accordance with the **Scope, Specifications** and as outline herein. **Contractor** shall complete all work under this contract and obtain a written sign-off by the **Inspector** within seventy-five (75) calendar days after starting work on the property. **TIME IS OF THE ESSENCE**. In the event of failure on the part of the **Contractor** to complete the work under this contract within the designated time period, the **Agency** may with hold payments to the **Contractor** until work is completed. The **Agency** may choose to cancel the contract in accordance with Section XIV CANCELLATION OF CONTRACT FOR CAUSE.

XXVIII. LIEN NOTICE/S PER WISCONSIN LAW

AS REQUIRED BY THE WISCONSIN CONSTRUCTION LIEN LAW, CONTRACTOR HEREBY NOTIFIES OWNER AND AGENCY THAT PERSONS OR COMPANIES FURNISHING LABOR OR MATERIALS FOR THE CONSTRUCTION ON OWNER'S LAND MAY HAVE LIEN RIGHTS ON OWNER'S LAND AND BUILDINGS IF NOT PAID. THOSE ENTITLED TO LIEN RIGHTS IN ADDITION TO THE UNDERSIGNED CONTRACTOR, ARE THOSE WHO CONTRACT DIRECTLY WITH THE OWNER OR THOSE WHO GIVE THE OWNER NOTICE WITHIN SIXTY (60) DAYS AFTER THEY FIRST FURNISH LABOR OR MATERIALS FOR THE REHABILITATION/REPAIR PROJECT. ACCORDINGLY, OWNER PROBABLY WILL RECEIVE NOTICES FROM THOSE WHO FURNISH LABOR OR MATERIALS FOR THE CONSTRUCTION, AND SHOULD GIVE A COPY OF EACH NOTICE RECEIVED TO THE AGENCY AND LENDER. CONTRACTOR AGREES TO COOPERATE WITH THE AGENCY AND LENDER, TO SEE THAT ALL POTENTIAL LIEN CLAIMANTS ARE DULY PAID.

XXIX. CONTRACT AMOUNT

TOTAL AMOUNT OF CONTRACT: \$ _____

00/100) _____ (Dollars and

IN WITNESS WHEREOF, the **Agency** and **Contractor** have caused this **Contract** to be executed as of the date set forth in Article 1.A.

Agency	Contractor
Agency	Contractor Name
Address	Address
Agency Representative	Contractor's Representative
Signature Date	Signature Date
	Social Security or Federal Tax ID #
Witness Date	Witness Date

CERTIFICATION OF INCORPORATED CONTRACTOR

I, _____ certify that I am the (Official Capacity) _____ of the above corporation. Herein that _____, who executed this contract on behalf of the corporation was then (Official Capacity of Signatory) _____ Of said corporation, and in said capacity, duly signed said contract for and on behalf of said corporation, being duly authorized to do so under its bylaws or is authorized to do so by action of its duly constituted board, all of which is within the scope of its corporate powers.

Time: _____

Today's Date: _____

SIGNATURE AND/OR SEAL
(Signature MUST accompany if seal is used)

NIP Program - Owner Selection Sheet

Exterior Selections

Owner's Name: _____ Address: _____

I, the **Owner**, submit the following selections as part of my NIP **Scope**. I understand that the NIP program is a repair program and not a remodeling program. As such, product selection, color availability, and upgrades will be limited to standard readily available building products and materials as specified in the City of Milwaukee Community Development Grants Administration, "Technical Specifications and Performance Standard". Changes cannot be made once the **Contractor** has received the notice to proceed from the **Agency**. All selections made are final.

Owner's Signature: _____ Date: _____

Exterior Materials

Roofing Shingles

Manufacturer: _____
Type: _____ (240-245 lbs./Sq. minimum)
Color: _____
Warranty: 25 Year manufacturer warranty (minimum)

Aluminum Trim

Gauge: _____ (.040 inch minimum)
Color: _____

Gutters & Downspouts

Type: _____
Size: _____
Color: _____

Vinyl Siding

Manufacturer: _____
Type: _____
Gauge: _____
Color: _____

Replacement Windows

Manufacturer: _____
Type: _____
Style: _____
Glass Type: _____
Color/Finish: _____

Storm Windows

Manufacturer: _____
Type: _____
Color/Finish: _____

Entry Doors

Manufacturer: _____
Type: _____
Pre-hung: Yes _____ No _____
Glass: Yes _____ No _____
Color/Finish: _____

Storm Doors

Manufacturer: _____
Type: _____
Color/Finish: _____

Miscellaneous

Other: _____

Exterior Paint

Paint Manufacturer: _____
Paint Type: _____

Exterior Paint Colors

Eaves – Fascia/Soffit: _____
Gutters & Downspouts: _____
Windows: _____
Exterior Doors: _____
Siding: _____
Foundation: _____
Other: _____
Other: _____

Front Porch Paint Colors

Eaves – Fascia/Soffit: _____
Underdeck/Ceiling: _____
Columns: _____
Guardrails: _____
Decking: _____
Stairs: _____
Step railings: _____
Skirting: _____
Masonry: _____
Other: _____

Rear or Side Porch Paint Colors

Eaves – Fascia/Soffit: _____
Underdeck/Ceiling: _____
Columns: _____
Guardrails: _____
Decking: _____
Stairs: _____
Step railings: _____
Skirting: _____
Masonry: _____
Other: _____

Garage

Eaves – Fascia/Soffit: _____
Gutters & Downspouts: _____
Windows: _____
Service Door: _____
Overhead door(s): _____
Siding: _____
Foundation: _____
Other: _____

NIP Program - Owner Selection Sheet

Interior Selections

Owner's Name: _____ Address: _____

I, the **Owner**, submit the following selections as part of my NIP **Scope**. I understand that the NIP program is a repair program and not a remodeling program. As such, product selection, color availability, and upgrades will be limited to standard readily available building products and materials as specified in the City of Milwaukee Community Development Grants Administration, "Technical Specifications and Performance Standard". Changes cannot be made once the **Contractor** has received the notice to proceed from the **Agency**. All selections made are final.

Owner's Signature: _____ Date: _____

Interior Materials

Floor Coverings – 1st Floor

Kitchen Floor

Manufacturer: _____

Type: _____

Thickness: _____

Color/Pattern: _____

Bathroom Floor

Manufacturer: _____

Type: _____

Thickness: _____

Color/Pattern: _____

_____ Hallway Floor

Manufacturer: _____

Type: _____

Thickness: _____

Color/Pattern: _____

Other Room: _____

Manufacturer: _____

Type: _____

Thickness: _____

Color/Pattern: _____

Floor Coverings – 2nd Floor

Kitchen Floor

Manufacturer: _____

Type: _____

Thickness: _____

Color/Pattern: _____

Bathroom Floor

Manufacturer: _____

Type: _____

Thickness: _____

Color/Pattern: _____

Hallway Floor

Manufacturer: _____

Type: _____

Thickness: _____

Color/Pattern: _____

Other Room: _____

Manufacturer: _____

Type: _____

Thickness: _____

Color/Pattern: _____

Interior Paint

Paint Manufacturer: _____

Paint Type: _____

Paint Color Selections – 1st Floor

Kitchen: _____

Pantry: _____

Bathroom: _____

Living Room: _____

Dining Room: _____

_____ Bedroom: _____

_____ Bedroom: _____

_____ Bedroom: _____

Hallway: _____

_____ Stairway: _____

Other: _____

Interior Window(s) & Trim: _____

Interior Door(s) & Trim: _____

Misc. Trim: _____

Other: _____

Paint Color Selections – 2nd Floor

Kitchen: _____

Pantry: _____

Bathroom: _____

Living Room: _____

Dining Room: _____

_____ Bedroom: _____

_____ Bedroom: _____

_____ Bedroom: _____

Hallway: _____

_____ Stairway: _____

Other: _____

Interior Window(s) & Trim: _____

Interior Door(s) & Trim: _____

Misc. Trim: _____

Other: _____

NIP Program - Owner Selection Sheet

Mechanical Selections

Owner’s Name: _____ Address: _____

I, the **Owner**, submit the following selections as part of my NIP **Scope**. I understand that the NIP program is a repair program and not a remodeling program. As such, product selection, color availability, and upgrades will be limited to standard readily available building products and materials as specified in the City of Milwaukee Community Development Grants Administration, “Technical Specifications and Performance Standard”. Changes cannot be made once the **Contractor** has received the notice to proceed from the **Agency**. All selections made are final.

Owner’s Signature: _____ Date: _____

Heating System(s)

Furnace – Lower Unit	Furnace – Upper Unit
Manufacturer: _____	Manufacturer: _____
Model: _____	Model: _____
Fuel type: _____	Fuel type: _____
BTU: _____	BTU: _____

NIP Program - Owner Selection Sheet

Electrical Selections

Owner's Name: _____ Address: _____

I, the **Owner**, submit the following selections as part of my NIP **Scope**. I understand that the NIP program is a repair program and not a remodeling program. As such, product selection, color availability, and upgrades will be limited to standard readily available building products and materials as specified in the City of Milwaukee Community Development Grants Administration, "Technical Specifications and Performance Standard". Changes cannot be made once the **Contractor** has received the notice to proceed from the **Agency**. All selections made are final.

Owner's Signature: _____ Date: _____

Electrical System

Lower Unit – Light Fixtures

Manufacturer: _____
Kitchen: _____
Over Kitchen Sink: _____
Pantry: _____
Dining Rm: _____
Living Rm: _____
Bathroom: _____
____ Bedroom: _____
____ Bedroom: _____
____ Bedroom: _____
____ Hallway: _____
____ Stairway: _____
Basement: _____
Front Porch: _____
Rear Porch: _____
Other: _____
Other: _____

Upper Unit – Light Fixtures

Manufacturer: _____
Kitchen: _____
Over Kitchen Sink: _____
Pantry: _____
Dining Rm: _____
Living Rm: _____
Bathroom: _____
____ Bedroom: _____
____ Bedroom: _____
____ Bedroom: _____
____ Hallway: _____
____ Stairway: _____
Basement: _____
Front Porch: _____
Rear Porch: _____
Other: _____
Other: _____

Exterior Lights

Yard Light: _____
Garage Light: _____
Other: _____

NIP Program - Owner Selection Sheet

Plumbing Selections Lower Unit

Owner's Name: _____ Address: _____

I, the **Owner**, submit the following selections as part of my NIP **Scope**. I understand that the NIP program is a repair program and not a remodeling program. As such, product selection, color availability, and upgrades will be limited to standard readily available building products and materials as specified in the City of Milwaukee Community Development Grants Administration, "Technical Specifications and Performance Standard". Changes cannot be made once the **Contractor** has received the notice to proceed from the **Agency**. All selections made are final.

Owner's Signature: _____ Date: _____

Plumbing System LOWER UNIT – Fixtures

Watercloset

Manufacturer: _____
Model: _____
Color: _____

Lavatory

Manufacturer: _____
Model: _____
Color: _____

Lavatory Faucet

Manufacturer: _____
Model: _____
Finish: _____

Vanity Cabinet

Manufacturer: _____
Model: _____
Size: _____

Bathtub Faucet

Manufacturer: _____
Model: _____
Finish: _____
Shower attachment: Yes _____ No _____
Shower Head Finish: _____

Medicine Cabinet

Manufacturer: _____
Model: _____
Surface mounted: _____ Recessed mounted: _____
Light Fixture included: _____ No Light Fixture: _____

Other: _____
Manufacturer: _____
Model: _____

Plumbing System LOWER UNIT – Kitchen Fixtures

Kitchen Sink

Manufacturer: _____
Model: _____
Single Bowl: _____ Double Bowl: _____
Finish: _____

Kitchen Faucet

Manufacturer: _____
Model: _____
With Spray: _____ Without Spray: _____
Finish: _____

Kitchen Countertop

Countertop Type: _____
Linear Feet of Countertop: _____
Countertop Finish: _____

Kitchen Cabinets

Manufacturer: _____
Model: _____
Linear Feet of Base Cabinet(s): _____
Linear Feet of Wall Cabinet(s): _____
Finish: _____

LOWER UNIT – Basement Fixtures

Laundry Tray

Manufacturer: _____
Model: _____
Single Bowl: _____ Double Bowl: _____

Laundry Tray Faucet

Manufacturer: _____
Model: _____

Water Heater

Manufacturer: _____
Model: _____
Gas: _____ Electric: _____
Size: _____ Gallons

NIP Program - Owner Selection Sheet

Plumbing Selections Upper Unit

Owner's Name: _____ Address: _____

I, the **Owner**, submit the following selections as part of my NIP **Scope**. I understand that the NIP program is a repair program and not a remodeling program. As such, product selection, color availability, and upgrades will be limited to standard readily available building products and materials as specified in the City of Milwaukee Community Development Grants Administration, "Technical Specifications and Performance Standard". Changes cannot be made once the **Contractor** has received the notice to proceed from the **Agency**. All selections made are final.

Owner's Signature: _____ Date: _____

Plumbing System UPPER UNIT – Bathroom Fixtures

Watercloset

Manufacturer: _____
Model: _____
Color: _____

Lavatory

Manufacturer: _____
Model: _____
Color: _____

Lavatory Faucet

Manufacturer: _____
Model: _____
Finish: _____

Vanity Cabinet

Manufacturer: _____
Model: _____
Size: _____

Bathtub Faucet

Manufacturer: _____
Model: _____
Finish: _____
Shower attachment: Yes _____ No _____
Shower Head Finish: _____

Medicine Cabinet

Manufacturer: _____
Model: _____
Surface mounted: _____ Recessed mounted: _____
Light Fixture included: _____ No Light Fixture: _____

Other: _____
Manufacturer: _____
Model: _____

Plumbing System UPPER UNIT – Kitchen Fixtures

Kitchen Sink

Manufacturer: _____
Model: _____
Single Bowl: _____ Double Bowl: _____
Finish: _____

Kitchen Faucet

Manufacturer: _____
Model: _____
With Spray: _____ Without Spray: _____
Finish: _____

Kitchen Countertop

Countertop Type: _____
Linear Feet of Countertop: _____
Countertop Finish: _____

Kitchen Cabinets

Manufacturer: _____
Model: _____
Linear Feet of Base Cabinet(s): _____
Linear Feet of Wall Cabinet(s): _____
Finish: _____

UPPER UNIT – Basement Fixtures

Laundry Tray

Manufacturer: _____
Model: _____
Single Bowl: _____ Double Bowl: _____

Laundry Tray Faucet

Manufacturer: _____
Model: _____

Water Heater

Manufacturer: _____
Model: _____
Gas: _____ Electric: _____
Size: _____ Gallons

NOTICE TO PROCEED

OWNER: _____

ADDRESS: _____

You are hereby requested to proceed with the work per the “Contract to Perform Rehabilitation Work.”

CONTRACTOR: _____

DATED: _____

Work shall be completed by (Date): _____

Should an extension of time be necessary for either commencement or completion of the work, the **Agency** and the **Inspector** must be notified immediately in writing.

NOTE: **Contractors** are required to contact Pete Skiba (286-5033) at the City of Milwaukee Health Department prior to starting any work.

AGENCY: _____

AGENCY CONTACT: _____

PHONE: _____